

Case Number:	CM15-0011285		
Date Assigned:	01/28/2015	Date of Injury:	08/05/2009
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female, who sustained an industrial injury on August 5, 2009. She has reported right knee pain and right ankle pain. The diagnoses have included myalgia myositis, knee meniscal injury, fibromyalgia and sleep disorder. Treatment to date has included peripheral pulse stimulator, medications, right ankle arthroscopy, drilling of right tibia, right meniscectomy, and imaging studies. A progress note dated December 16, 2014 indicates a chief complaint of continued right ankle pain affecting activities of daily living. Physical examination showed tenderness and decreased range of motion of the right ankle. The treating physician requested physical therapy for eight sessions, magnetic resonance imaging arthrogram of the right ankle, and right ankle injection with fluoroscopic guidance. On January 8, 2015 Utilization Review certified the request for physical therapy sessions. Utilization Review denied the request for the magnetic resonance imaging arthrogram and right ankle injection citing the MTUS chronic pain medical treatment guidelines, ODG, and non-MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI arthrogram right ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot

Decision rationale: The MTUS is silent on MR athrography of the ankle. Per the ODG guidelines with regard to ankle arthrography: Recommended if radiographs normal, but suspected osteochondral injury or ankle instability. For evaluating ankle disability, using plain MRI alone is not adequate for correctly detecting lateral collateral ligamentous injury of the ankle joint. MR arthrography improves the sensitivity and the accuracy for anterior talofibular and calcaneofibular ligament injuries. It also helps in assessing coexisting pathologic lesions of ankle joints, especially impingement syndromes and osteochondral lesions, and provides more information for therapeutic decision making. The documentation submitted for review indicated that the injured worker's right ankle was unstable, collapses, was chronically painful, and swollen 90% of the time. I respectfully disagree with the UR physician, the request is medically necessary.

One right ankle injection with fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot

Decision rationale: Per the ODG guidelines with regard to corticosteroid injections: Intra-articular corticosteroids: Not recommended. Most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better postinjection response. (Ward, 2008) Evidence is limited. (Colorado, 2001). As the request is not recommended by the guidelines, the request is not medically necessary.